

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9256

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2007</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman</u>				d. STREET ADDRESS (If rural, give location) <u>2920 Wall</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Garrett</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Foshay</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec 30, 1896</u>		9. AGE (In years last birthday) <u>53</u>		10. MONTHS <u>1</u>		11. DAYS <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tamko Roofing</u>		11. BIRTHPLACE (State or foreign country) <u>Jamesport, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Stephen Foshay</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Griff</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille, Foshay</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW # 1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucille, Foshay, 2920 Wall Joplin</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 30, 1950</u> to <u>Feb. 6, 1950</u> , that I last saw the deceased alive on <u>Feb. 5, 1950</u> , and that death occurred at <u>2:50 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. Schuchel</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Joplin Mo</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-13-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker Mortuary</u>		ADDRESS <u>Joplin Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-20-50
Jasper County Health Office

County File Number 50-3-123

Date Filed 3-15-50

MAR 24 1950

MAR 31 1950

MAR 17 1950

FEB 5 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed F M Jones

Licensed Embalmer No. 3319

P. O. Address Joplin mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.